

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019574** FILING DATE **03 MAY 2002**

APPLICANT(S) *Koenhen*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
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50						
TOTAL IND.						
TOTAL DEP.			3			
TOTAL CLAIMS			32			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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